by Pilling and Son. The pump and tubing are obtainable at practically any instrument house.

While the author does not claim any originality, this device is of so much value in developing a milk supply and involves so little expense, that he feels it should be more generally known to the profession.

2007 Wilshire Boulevard.

SENILE CATARACT*

REPORT OF CASES

By PELEG B. WING, M. D.
San Diego

SINCE I first operated on cataract in Tacoma, Washington, in 1889, I have used the combined method. In only a few cases have I done the simple operation, only three in capsule. This report is on forty consecutive cataract operations done at Mercy Hospital, San Diego.

Never have I dislocated a lens into the vitreous and never but once used the wire loop, and that was a case with old adhesion of the iris. For a period of eighteen years I did not as a rule use a speculum and did not do a preliminary iridectomy.

Since coming to San Diego in 1919 I have found the majority of patients more restless and nervous than in the north. I do not know why, unless it is the climate. However, I have never had a case of mania following the operation here, which sequel occurs about once in every two hundred to three hundred cases, while in Tacoma I had four such cases. Here I give the nervous patient ¼ grain morphin and 1/150 of scopolamin forty-five minutes before operation. I have never seen any bad symptoms from its use and it controls the patient.

I have made it a practice to do a preliminary iridectomy. It educates the patient and accustoms him to hospital usage. After two days in the hospital for the iridectomy an interval of three weeks elapses between the iridectomy and the cataract operation. I use a speculum for this work and make a small incision in the clear corneal margin. When the extraction is done the iris is not touched except to replace the corners and there is no pain to cause the patient to squeeze the eye. I use a sharp needle like the pointed cystotome designed by the late Prof. Francis Valk and lacerate the capsule in a circular manner so a large portion of the anterior capsule is removed with the lens—all soft lens matter is gently removed as far as possible. A piece of moist gauze is applied, then cotton, then another layer of gauze over both eyes is fastened by adhesive strips. The moist gauze adapts itself to the curvature of the eye and holds the lids steady. Pressure in the dressing is to be avoided.

As a shield I use a home-made affair that is comfortable and efficient. I take the fiber cover of some small notebook, cut out a circular oblong large enough to cover the eye, cut from the edge to center, make a central opening about one-quarter inch, then lap and glue the cut edges which makes a flat cone-shaped light rigid protector. The central hole is sufficient for ventilation.

A word as to the preparation of the patient:

Have the patient take a cathartic the night before he enters the hospital. The following day when he enters the hospital his diet is light. On the morning of the operation he has an enema. With such preparation he will not be disturbed on the day of the operation and can rest for two or three days without a movement. A laxative like cascara followed by an enema can then be given. Patients who cannot easily use a bed pan are allowed to get from the bed to a chair at the bedside, often with less exertion and better results.

Preparation of the Eye—Look carefully for traces of pus from the tear sac and never operate when present until the condition is cured or the sac has been removed. Carefully examine the secretion from the eye, if any.

Cleansing the Eye—After the application of cocain 5 per cent, two or three times, the eyelids and face are carefully washed with soap and water, the eyebrows clipped if at all long, the edges of the lids carefully cleansed, and a 10 per cent argyrol solution freshly prepared is dropped in the eye and allowed to remain about five minutes. Then the eye is douched with boric solution, lids everted and upper and lower cul de sac irrigated. The argyrol coagulates all secretion which is easily removed leaving a cleaner field than scrubbing, with minimum irritation. Cocain is used for five or six times before operation.

The operation is then performed, an assistant holding the lids apart with his fingers wrapped in a layer of gauze to prevent slipping. The hand rests on the brow and forehead and so controls the muscles, and is preferable to any hook or retractor. I operate without gloves, but both myself and assistant wear masks.

The incision is made deeper than the one for the iridectomy. I am not in favor of a large conjunctival flap, as I believe it tends to close the wound superficially and to cause the rapidly reformed and confined aqueous to separate the edges of the corneal incision, thereby causing a slower and more irregular healing and a greater degree of astigmatism. Neither am I in favor of sutures. As little manipulation as possible is my motto.

After Treatment—After treatment is as important as the operation. I change the dressing after twenty-four hours, but do not open the eye unless symptoms demand it. Carefully cleanse the edges of the lids, apply borated vaseline and clean dressing. This is done every twenty-four hours. At the third dressing the lower lid is depressed and a 1 per cent solution of atropin is instilled. This is repeated at each dressing. If all goes well, the unoperated eye is left uncovered on the fourth day and the patient allowed to sit up either on bed or in a chair by the bedside. The operated eye is covered for eight days, then uncovered during the day, when pale-smoked glasses and an eyeshade are worn. If all is quiet there is no necessity for examining the wound or disturbing the eye more than as outlined above. I allow patients to go

* Read before the medical staff of Mercy Hospital, San Diego, March 15, 1927.

home in twelve to fourteen days provided they reside in the city where I can see them occasionally and if good care is assured.

The appended table lists the results obtained in the last forty cases operated in Mercy Hospital, covering two and one-half years' work:

Two cases lost by iridocylitis.

One case, following an iridocylitis, has 20/200 distant vision; can read coarse print.

One case died from cerebral hemorrhage before the eye recovered.

Of the remaining thirty-six fairly satisfactory results were obtained in each case.

One case has 20/70 vision, which can be much improved by discission of capsule.

One case, 20/50, which also can be improved by discission.

Two cases, 20/40, subject to improvement in the same way.

Thirty-two cases have 20/30; discission has been done in five cases, two for simple capsule, two for iridocyclitis, all getting 20/20 vision; one will bear further description.

Patient: Male, age 64 years. Right lens ripe, left—partial on June 15, 1925. I operated on right eye. Patient discharged from hospital in twelve days, eye quiet, very little congestion. At end of three weeks patient reported to the office. Vision with approximate correction was 20/20 and J No. 1, easily. As I was going to take a short vacation he was told to keep quiet, make no exertion, in all ways to "let his moderation be known to all men." Three or four days later he mowed his lawn, dug around his rose bushes and garden and went to the beach, surf bathing. The eye became inflamed. Not knowing where I had gone he consulted another oculist who thought it nothing serious. Next day or two pain became severe, atropia was used. Another oculist was called and a general practitioner to see if there was any central origin of the trouble. I was sent for and found patient in severe pain, and anterior chamber filled with blood, perception of light only. He was treated with atropin and dionin. Hot fomentation and injections of goat's milk which, by the way, produced no reaction. The pain and inflammation slowly subsided. The cataract slowly progressed in left eye. Eleven months from the time of the extraction the pupil of right eye was drawn up and occluded, or nearly so, there was one small spot where I could get a red reflex. Perception and projection of light was good. I did a transverse iridotomy, aiming to cut the iris across the part of greatest tension. Owing to the stretching of iris the pupil was not exactly central, but extended rather to the nasal side. The eye was not examined for four or five days, when, much to my disappointment, I got no red reflex. The new pupil was dark and no sight, perception of light remained. When I operated there was no hemorrhage into the anterior chamber, just a clean cut.

Four or five days after, the patient came into the office and said, "That cloud has broken up and I can see between the clouds." Ophthalmoscope showed a mass of floating bodies like pieces of paper in the anterior vitreous. They gradually cleared under atropia and dionin, until today there is scarcely a trace. This was doubtless caused by a hemorrhage into the anterior vitreous. In August he made a trip East, wearing temporary glasses. Upon his return on November 24, 1926, I gave the permanent correction, which was:

Plus 10 sph., with plus 3 cyl. axis 120, for distance, and a plus 14 sph., with plus 3 cyl. axis 120 for reading.

Now comes the surprising part. He read without hesitation, 20/10 — the 10-foot line at 20 feet, and of course his near vision is perfect. December 1, I operated on the left eye. He left the hospital December 12.

Today, March 1, he has 20/10 in right eye and 20/20 + in the left, and is doing very fine work without difficulty and says he sees better than he ever did.

520 E Street.

The Cancer Campaign—A two weeks' intensive campaign of popular education regarding cancer was inaugurated in the New York Academy of Medicine, November 22, at a meeting of prominent medical men. The important measure that was undertaken was the preparation of brief articles on cancer to be published in the New York City daily newspapers. How nobly the newspapers responded is shown by the following letter from Dr. J. C. A. Gerster, the chairman of the New York City Cancer Committee, published in the New York *Herald Tribune* of December 14:

"The work of the *Herald Tribune* and of other New York newspapers in the cancer campaign now drawing to a close is almost without precedent in the history of public health education, and its significance should be called to the attention of your readers.

"The newspapers have long been recognized as among our greatest educational institutions. Health education is a comparatively recent journalistic venture. It has come to stay. The public probably seeks medical advice from the newspapers as eagerly as from the medical fraternity itself. The cooperation established between two such forces as the press and the American Society for the Control of Cancer is a milestone worth noting—an amazing contribution to the cause of public education. In seventeen New York City newspapers on twenty consecutive days 205 individual stories about cancer appeared, covering 2118 inches of space, or 100 newspaper columns. Moreover, following your lead, 114 newspapers throughout the country also carried the message.

"From authentic sources I learn that there are now in our New York hospitals patients who applied directly because of what they read, were found to have early cancers and now possess the best chances of escape.

"In the name of these fortunates and in the name of the New York City Committee of the American Society for the Control of Cancer, accept our gratitude and thanks for your great contribution toward the relief of suffering humanity."—*New York State J Med.*

Cooperation in Work for Boys and Girls, New York City—Twenty-five of the eighty-eight social agencies caring for New York City's dependent children have organized as a section of the Welfare Council of New York in order to coordinate their activities and eliminate needless duplication of work. All existing agencies will be invited to send delegates to the council.

The Welfare Council is now making a study of boys' work activities in Brooklyn, preliminary to a similar study for New York City as a whole. When completed it is intended that this study shall present an accurate picture of facilities for social work among New York's half-million boys.—United States Department of Labor.